



INCORPORATED VILLAGE OF LAKE GROVE
OFFICE OF THE FIRE MARSHAL
980 HAWKINS AVENUE
POST OFFICE BOX 708
LAKE GROVE, NEW YORK 11755
VOICE: (516) 807-6412 FAX: (631)-981-0965

DATE OF INSPECTION

FIRE ALARM SYSTEM
CERTIFICATE OF FITNESS AND TESTING

WARNING: YOU ARE REQUIRED TO NOTIFY THIS OFFICE, THE FIRE DEPARTMENT AND ALL OCCUPANTS THAT YOU ARE TESTING ***BEFORE*** COMMENCING WITH SAME. SHOULD ANY AGENCY BE CALLED TO RESPOND AS A RESULT OF YOUR FAILURE TO COMPLY, LEGAL ACTION WILL BE TAKEN AGAINST YOU.

ALL INFORMATION IS TO BE LEGIBLTY PRINTED OR TYPED

ESTABLISHMENT NAME: _____		
ADDRESS: _____		
NAME OF REP/AGENT FOR BUILDING PRESENT: _____		
NATURE OF THIS VISIT BY YOUR FIRM: _____		
TYPE OF SYSTEM: _____ HAS OCCUPANCY CHANGED SINCE LAST TEST: _____		
NAME OF CENTRAL STATION: _____		
CENTRAL STATION ADDRESS: _____		
CENTRAL STATION PHONE NUMBER: _____		
FIRE DEPARTMENT NAME & PHONE NUMBER NORMALLY CALLED BY CENTRAL STATION: _____		
LIST ALL DEFICIENCIES: _____		

WERE THSES DEFICIENCIES CORRECTED ? _____ IF NO, WHY? _____		
NAME OF INSPECTING FIRM: _____ NYS LICENSE #: _____		
ADDRESS OF INSPECTING FIRM: _____		
PHONE NUMBER OF INSPECTING FIRM: _____		
CERTIFICATION: I am an employee of the inspecting firm listed above, do hereby certify that the fire alarm system described above was inspected in accordance with the applicable portions of NFPA 72 (Current version), particularly Chapter 7, as well as all applicable portions of Chapter 89 of the Code of the Incorporated Village of Lake Grove. This certification does not imply that the items requiring daily, weekly monthly or quarterly inspection or testing were performed at specified intervals, but DOES imply that all such items were tested/inspected and functioned as noted in this certification at the time of the inspection. I certify that this inspection has been properly conducted and all of the above statements are true and correct to the best of my knowledge. I am also aware that any false statement made herein is punishable as a misdemeanor pursuant to Section §210.45 of the New York State Penal Law.		
PRINT INSPECTORS NAME	SIGNATURE	DATE

ORIGINAL COPY WITH SIGNATURE IN BLUE OR BLACK INK IS TO BE SUBMITTED TO THIS OFFICE AND A COPY IS TO BE LEFT ON SITE IN OR ABOVE THE FIRE ALARM PANEL.

OFFICE USE

FM ASSIGNED: _____	DATE REVIEWED: _____	CC#: _____
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